EXECUTIVE FUNCTIONING IMPLEMENTATION GUIDE

for

PEDIATRIC CLINICIANS

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Hey there...

I'M SO GLAD YOU'RE HERE

I'm Dr. Karen Dudek-Brannan, and I help pediatric clinicians become better leaders, so they can make a bigger impact with their services. I have over 15 years of experience supporting school-age kids with diverse learning needs, and now I spend my time sharing up-to-date evidence-based practices and my own experiences designed to help clinicians and educators feel more confident in the way they serve their caseloads, so they can help school-age kids grow up to be successful, kind, well-adjusted people.

Dr. Karen

Executive functioning: DEFINED

Why should schools care about *executive functioning*?

Even before the pandemic, mental health issues were rising among children and adolescents.

Mental health has a significant impact on life outcomes and how well individuals respond to stress and make decisions (USA Facts, 2023).

Between 2016-2019, around 8.7% of kids ranging from 3-17 had a diagnosis of ADHD and 7.8% had an anxiety diagnosis (CDC, 2023).

These rates continue to rise in the aftermath of the pandemic, and schools have been ill-equipped to support kids.

Many schools have responded by offering talk therapy to kids; which may help in certain cases.

Yet what many school leaders don't realize is that talk therapy alone won't get to the root cause of the problem for many kids; especially when *ADHD*, *anxiety*, and *executive dysfunction* come in to play.

For many kids executive dysfunction is often the CAUSE of anxiety; so solutions that neglect this area aren't likely to work for them.

In order to understand why this is the case, we need to first define executive functioning.

Executive functioning skills allow us to self-regulate and engage in goal-directed behavior (Fahy, 2014; Obermeyer, Shlesinger, & Martin, 2020; Turkstra & Byom, 2010).

They allow us to do things like:

- *Think ahead* and make plans by **predicting** what might happen.
- Use information from *past events* to make decisions **about the future**.
- *Problem-solve* without needing **explicit directions.**
- *Adapt to changes* in routines or unplanned events.
- Come up with **multiple options** for working through situations (having a "plan B").
- *Self-monitor* and make adjustments to their plans with their **end goal in mind.**
- Break *complex tasks down* in to steps so that they know where to start.
- *Estimate how long a task may take*, and what things they may need to do in order to get to their end goal.
- **"Read the room"** and adapt their behavior accordingly.

Someone who does not have well-developed **executive functioning skills** may appear *disorganized* and *overwhelmed*, or may take longer to complete tasks that appear simple.

Executive dysfunction can also impact relationships if the individual has difficulty *reading social situations,* understanding other people's perspectives, or regulating their emotions. Because they struggle to plan ahead, they often have **negative experiences** in school or when trying to *form friendships.*

New or challenging experiences feel stressful for them because they struggle to estimate **how long a task may take** or what they need to do to be successful. This feeling of uncertainty coupled with negative experiences they've had in the past can *lead to avoidance* (Singer & Bashir, 1999).

Unfortunately, avoiding new situations causes more anxiety. This is the case because experiencing new challenges is the only way to **build the skills and confidence** they need to feel more comfortable and *build a positive self-image* (Minahan, 2017).

As a result, they may **experience strong emotions** and have a low tolerance for frustration. It's common for executive functioning issues to be mislabeled as *laziness, defiance, or lack of empathy* (Obermeyer, Shlesinger, & Martin, 2020).

Many well-meaning adults resort to punishment or rewards to get kids to complete tasks; **but you can't reward a child in to doing something when they don't have the skills to do it.**

This is why sticker charts and **classroom management systems** don't work for kids with executive functioning issues. It's also why talk therapy alone won't improve anxiety if it stems from *executive dysfunction.*

Since executive functioning skills require complex problem-solving and practice, **adult-led social skills groups** are also likely to yield poor results.

Effective solutions teach skills and strategies across multiple environments that support executive functioning.

Executive functioning at SCHOOL

How should schools support *executive functioning*?

Strong executive functioning skills can help kids to be resilient, adaptable, and independent.

These characteristics are going to be essential for *supporting mental health and success* going forward.

EVERYONE who interacts with school-age kids on a daily basis has the chance to support executive functioning, and not addressing this skill is a **huge missed opportunity.**

These skills will help support kids with:

- Problem-solving and high-level reasoning
- Organization and homework completion
- Resilience and motivation
- Impulse control and emotional regulation
- Social interactions and connections with others
- Planning and strategic thinking
- Inferencing and high-level comprehension (during discussions and reading)
- Planning and execution of writing tasks.

Many treatment teams do not adequately address executive functioning, which is why so many clinicians notice their clients struggle with the tasks and skills listed on the previous page.

This is *not the fault of the school staff.* Often they simply don't have the **support** or **information** to put these practices in place.

The good news is that all it takes is **ONE team member** to **take the lead** and create a plan for providing executive functioning support. If you're a therapist supporting kids, *that person can be YOU.*

This applies to you if you're a related service provider like a **speech-language pathologist, social worker, psychologist, counselor, or other interventionist.**

Many clinicians may not start out their careers with a detailed understanding of executive functioning or how it impacts *mental health* and *cognition.*

However, it's possible for you to build your skills and knowledge so you can not only **be an expert** in this area; but also so you can share this *knowledge with others* on your multidisciplinary team.

That's why I give clinicians a **comprehensive plan** for leading their team in supporting executive functioning in the School of Clinical Leadership.

My goal for this guide is to give you a starting point, so you can understand at a high-level how this can look in a school setting.

This information is taken directly from the School of Clinical Leadership, my program that helps pediatric clinicians be **better leaders**, make a **bigger impact** with their services, and **lead their teams** in providing executive functioning support for kids at the K-12 level.

The first resource from the program I want to share is a 15-minute video that walks through an overview of **how to support resilience and executive functioning**. You can watch it here:

Once you've watched that video, you'll want to proceed to the next section of this guide where **I'll discuss some guidelines for determining everyone's role in this process.**

Remember, if you're a *licensed clinician* and you've decided to take initiative and develop expertise in this area, you can also take a leadership role in this process that could involve *training other staff members or parents.*

You can be a leader right now, even if it's not in your official job title.

Executive functioning ROLES & RESPONSIBILITIES

Whose job is it to work on *executive functioning*?

Everyone who interacts with kids has the opportunity to *support executive functioning;* but not everyone has the guidance and information to do it effectively. **That's why I've created a program to solve that problem.**

While there aren't hard and fast rules for what everyone is "supposed" to be doing, I'll share **general guidelines** for how everyone fits in.

That's why in this section, I'm going to share an outline of the different people who might interact with kids and *how they can play a role in building independence*. It's also not an exhaustive list.

This information is taken directly from the School of Clinical Leadership. I'll start this section off by sharing the 13-minute video that accompanies this information in the program.

You can watch the video here:

ROLES & RESPONSIBILITIES

General Education Teachers

The classroom setting generally has scaffolding and structure already, which is highly beneficial for students who need executive functioning support; however these students may need some additional support beyond what other students need. Teachers can also become familiar with how to use declarative language, model self-talk, and remind students to use executive functioning strategies. It's important for teachers to clearly communicate what's expected in the classroom both verbally and visually. Expectations are posted where students can clearly see them.

Teachers can also provide educational accommodations. It's important to note here that because general education teachers are responsible for ALL of the students in their classrooms, providing accommodations and scaffolding in the classroom is a shared responsibility. While they need to differentiate instruction and supports to meet diverse student needs, special education staff need to step in and assist. There aren't rigid guidelines for who does what when it comes to service delivery, which is why professionals need to work together to clarify who does what.

Special Education Teachers

I'm separating special education teachers from other support staff because their role can vary substantially. Some may be very involved within the general education instruction and their role may look very similar to the general education teachers they're collaborating with; while others may have a role that looks similar to other support staff if their students have more significant needs that require the majority of instruction to take place in a special education setting. The role of the special education teacher can look similar to the general education teacher; however they may be more hands-on with providing accommodations, additional scaffolding for students who need it, as well as providing specialized instruction-especially when students need something more than a general education teacher is able to provide. When it comes to executive functioning, special education teachers may be the ones developing supports needed to help students apply these skills within the classroom setting. They may also be providing some additional training and priming with students in a separate setting when additional instruction is needed. This additional training is not just academic; it can also include working with students to show them how to use different strategies that help to support executive functioning.

Teaching Assistants

Teaching assistants can be a huge asset when working with executive functioning. They can provide support with ANY of the responsibilities I mentioned above. Specifically, they can often be the ones providing the cues and scaffolding when students need it. It's ESSENTIAL to train teaching assistants in supporting executive functioning in a way that supports INDEPENDENCE and instead of PROMPT DEPENDENCE.

ROLES & RESPONSIBILITIES

School Service Personnel

This includes other licensed professionals like speech-language pathologists, social workers, psychologists, counselors, occupational and physical therapists (not an exhaustive list). Usually these professionals have specific tasks associated with their area of expertise; for example a psychologist who is responsible for doing case study evaluations, a speech-language pathologist who is doing therapy for specific articulation or language issues, or a physical therapist who is working on gross motor skills. Some professionals may spend direct therapy time working on specific executive functioning skills and strategies (like what I described for special education teachers). This may make sense for speech-language pathologists, for example, because of the connection with language and executive functions; or it might make sense for a social worker who is working with students who have anxiety and overwhelm due to executive dysfunction. However, work on executive functioning can be embedded into ANY activity that requires social interaction or multiple steps; so every person who is interacting with kids can support executive functioning in some way.

Parents

In some cases (but not always), students might function better in a structured school environment than in the home environment. This is because school naturally provides more scaffolding than the home environment. However, it's important that parents provide scaffolding at home in order to help kids feel emotionally contained, help them learn to self-manage, and develop a sense of social reciprocity. It's a parents job to make sure kids have the necessary support needed to get homework assignments done; but also to help kids develop "real world" or "adulting" skills. This means they should have responsibilities outside of just homework and extracurricular activities; such as chores or jobs around the house. This also means there needs to be clear boundaries regarding what behavior is accepted; including boundaries around access to privileges. Expectations, visual schedules, and analog clocks should be used in the home to support executive functioning as well. It's also a parents' job to either allow natural consequences to unfold for kids (rather than "fixing" things for them or saving them), as well as creating some consequences if natural consequences occur outside a child's time horizon.

Students

Last but not least, we have to talk about the child's role in this process. In order for them to learn to be a responsible human, they need to have a shared role in this process. Since kids' brains are still developing, providing scaffolding and setting boundaries is the responsibility of the adults supporting them. This does NOT mean that a kids' preferences and input is ignored; but rather it means that there are times we need to ask kids to do things they don't want to do because it's in their best interest. It's a student's responsibility to use strategies and make choices about their behavior (as much as they can based on their current ability to self-regulate). The specific responsibilities for each situation may vary depending on age and skills, but they can include organizing their work and completing assignments, chores, basic hygiene, and self-advocacy.

Making time for LEADERSHIP

Finding time to lead.

Many therapists think that leadership is something "extra" that we do on top of our clinical responsibilities.

However, your clinical skills will only get you (and your students) so far if you don't know how to build **relationships**, get **buy-in**, and **impact the practices** of others on your team.

That's why *making time* for leadership is a **non-negotiable** if you want to truly **have an impact** on your caseload.

Yet many clinicians don't think they have time to focus on leadership, which is why I show clinicians how to solve that problem.

Executive functioning support should be considered a key initiative at the leadership level because of the profound impact it can have on mental health and independence.

If executive functioning is NOT on your administrator's radar, you can **play a part** in changing that. When you have the right system focused on high-leverage tasks, it's possible to *evolve as a leader* without burning yourself out.

I show you the *systems and strategies* for making this happen in the School of Clinical Leadership. **You can learn more about the program here.**

THANK YOU!

If you enjoyed this guide, then you'll love the *De Facto Leaders Podcast*.

On the show, I share up-to-date **evidence-based practices**, my own experience, and guest interviews designed to help clinicians and educators feel more **confident** in the way they **serve their caseloads**, so they can help **school-age kids** grow up to be successful, kind, well-adjusted people.

You can listen to the show on most popular podcast directories, and can scroll through past episodes here.

Here are a couple of the most popular episodes that will help you *deliver effective services* that help kids generalize:

Episode 71: DLD, CAPD, dyslexia, and hyperlexia and supporting literacy

Episode 81: Whose job is it to work on executive functioning?

Episode 83: How to provide high-quality support for your caseload with the "asset stack" method

Episode 84: Why you should plan for service delivery instead of planning therapy

Episode 86: Navigating workplace conflict and getting team buy-in

Dr. Karen

DE FACTO LEADERS PODCAST

If you're a **therapist** or an **educator** who wants to find ways to help their IEP teams work together to deliver *high-quality services* for kids and play a part in **reforming education and healthcare** within your facility and community, you're going to love the *De Facto Leaders podcast*.

LISTEN NOW

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